

NEWS AND NOTES

Views

Minerva's American reading mostly comes by airmail but the leisurely seamount seems more appropriate for *New Yorker*, so she has only just passed Christmas. The first issue in January has a long, elegant and informative profile of Lewis Thomas, president of the Memorial Sloan-Kettering Cancer Center but best known as the biology watcher for the *New England Journal of Medicine*. Thomas's essays were collected into book form in 1974, and by October 1977 the collection had gone through ten printings in hardcover and six in paperback and sold over 250 000 copies. That fact—and the *New Yorker* profile—suggest an appetite among Americans for serious information about medical science that may go some way to explaining their steady progress towards a healthier life style.

A neat exercise in accident prevention is reported from Aviemore in "Injury" last month. The go-kart circuit at the Aviemore Centre in Scotland is used mainly by adults and teenagers with little experience, and when it opened in 1972 there were 80 injuries in the first year. The next year the track was redesigned, widening it and reducing the severity of the bends, and the numbers of karts allowed on the circuit controlled more strictly. Modifications to safety barriers and other detail cut the accident rate to 10 per annum by 1976.

Trichinosis—in which the muscles are infiltrated with multiple small nematode parasites—used to be a problem in minority communities which ate raw pork sausage meat (and Minerva remembers the indignation of a psychiatrist who was asked about the condition in his MRCP viva). Nowadays, according to the *WHO Weekly Epidemiological Record*, the infestation is just as likely to be due to eating wild boar, black bear, or walrus—so hunters beware.

Another problem for North American hunters is that the US Fish and Wildlife Service is trying to get a ban on lead shot in cartridges. With so many sportsmen blasting away over lakes, marshes, and rivers some 3000 tons of lead falls to the bottom each year, where it is scooped up by ducks and divers. Apparently 2-4 million waterfowl die each year from lead poisoning, and another 600 000 sicken but are shot before they succumb.

A deaf mother can have her baby's cries picked up by a microphone in the cot and translated into a visual signal that flashes in other rooms. This device can be used with anyone who is sick or immobile, and also adapted to show when the telephone or doorbell is ringing. There are in fact many devices to help deaf people with the telephone and also radio and television adaptors. But, according to the *Journal of the Royal Society of Medicine* (1978, 71, 137), too many people are unaware of them. Even those with modest hearing loss might have their lives made happier or simpler by such aids. And although they are not free local authorities will help where necessary. The Royal National Institute for the Deaf provides details (105 Gower Street, London WC1E 6AH).

So truffles can now be cultivated, according to "New Scientist's" Ariadne, who wonders whether the reverence in which gourmets

hold them is due to their rarity. Certainly it seems odd that they are the only food rated equally highly by porcine and human bon vivants.

Three patients with features of hypercalcaemia were found to have been taking large quantities of calcium carbonate-sodium bicarbonate powders for more than 20 years (*Postgraduate Medical Journal*, 1978, 54, 36). Originally prescribed by their doctors, such antacid mixtures are now obsolete, but the patients had continued to get them from chemists without the knowledge of their present general practitioners.

Antennae set twitching by last week's correspondence, Minerva settled down to watch the BBC "Tomorrow's World" programme on breast cancer last week and was not impressed. She talked to other female viewers (non-medical) and they confirmed her assessment that the impression given was that adjuvant chemotherapy makes the difference between success and failure—even though the programme did state that the trials are not yet complete. So what about all the women who have been treated by simple excision for early tumours? Reassured by their surgeons—and with good reason—they have now been filled with doubts.

What's in a name? Quite a lot, apparently, when it comes to selecting non-proprietary names for medical substances. How many doctors know, for instance, the three principles that, according to an article in the latest *Pharmaceutical Journal* (25 February, p 181), "remain supreme and unchallenged in importance"? Distinction in sound and spelling, freedom from confusion with existing names, and the desirability of indicating relationship between similar substances are the criteria in this challenging game. Are the rules much the same for the conception of proprietary names? Or are a cold towel, a vivid imagination, and avoidance of any name remotely resembling a competitor's product more appropriate requirements?

Commissioner Donald Kennedy of the United States Food and Drug Administration is currently under attack for dilatoriness in requiring alcoholic drinks to be labelled with a warning to pregnant women of the fetal alcohol syndrome. The combination of physical and mental handicaps in infants born to women who drink heavily in pregnancy seems more of a problem in North America than in Britain; but if cigarettes here carry a health warning then logically drink should do so too, and perhaps the DHSS could follow the example set across the Atlantic.

If the kids are unusually happy and laughing a lot they may have become hooked on nitrous oxide from aerosol cans of whipped cream. This unlikely form of abuse—the "grocery store high"—is catching on in California (*American Journal of Psychiatry*, 1978, 135, 126). You don't even need to buy the cans if you can find a quiet corner of the shop for just a couple of "hits"—which, according to the boy who related this story to his psychiatrist, leaves the can of cream fit for the customer. Will the dairy industry change the gas in these aerosol cans, as the author hopes? Meanwhile, Minerva will whip her own cream.

MINERVA

EPIDEMIOLOGY

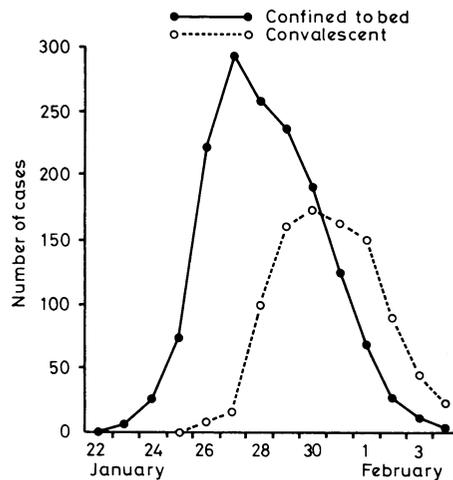
Influenza in a boarding school

The following notes are compiled by the Communicable Disease Surveillance Centre (Public Health Laboratory Service) and the Communicable Diseases (Scotland) Unit from reports submitted by microbiological laboratories, community physicians, and environmental health officers.

During January an epidemic of influenza occurred in a boarding school in the north of England. A total of 763 boys between the ages of 10 and 18 were at risk, all except 30 being full boarders; the staff were from the surrounding villages. There were 113 boys between the ages of 10 and 13 in the junior house, while the rest were divided into 10 houses of about 60 boys each.

The Easter term began on 10 January, with boys returning from all over Britain and some from Europe and the Far East. One boy from Hong Kong had a transient febrile illness from 15 to 18 January. On Sunday 22 January three boys were in the college infirmary. The graph shows the daily total number confined to bed or convalescent during the epidemic: 512 boys (67%) spent between three and seven days away from class, and 83% of the boys in the junior house were affected. Of about 130 adults who had some contact with the boys, only one, a house matron, developed similar symptoms.

Most of the boys who became ill first complained of feeling very tired, with headache as fever developed, and sore throat and tracheitis being the rule. The temperature was usually 100°-102°F (38°-39°C) and often higher in the morning. Three boys with no other abnormal



signs had temperatures of 105°-106°F (40°-41°C). Many had mild reddening of the anterior pillars of the fauces, but the throat never looked as inflamed as symptoms suggested. In only five boys were there abnormal signs on chest examination. Symptoms subsided quickly once the boys were confined to bed. They were allowed up 36 hours after their temperatures had returned to normal and back to classes two to four days later, depending on the severity of the attack. The average time off sick was five to six days.

One boy of 13 was readmitted after two days with probable bacterial pneumonia, with a temperature of 104°F (40°C), pulse rate of 110/min, respiration rate of 22/min, and moist

sounds in his right lung. He was given ampicillin and by next morning his temperature was 99°F (37°C) and his chest clear. Five days later he went home to convalesce. Four boys developed wheezy bronchitis. Two received ampicillin and two tetracycline. All recovered quickly and were back at work in seven to eight days. Four boys with otitis media, with bulging red ear drums, responded to ampicillin within 48 hours and none had any aural discharge. One boy had sinusitis, which again responded to ampicillin. He was in bed for seven days and off work for ten days. In all, only 10 of the 512 boys who became ill received antibiotics.

Throat swabs were taken from eight boys, and influenza A viruses similar to A/USSR/90/77 (H1N1) were isolated from six. The spread of this virus through the school was much more rapid than in the outbreaks due to influenza B in November 1954 and to influenza A (Asian flu) H2N2 in October 1957. These two epidemics reached their peak in two weeks and lasted four weeks. This year's epidemic reached a peak in seven days and was over in 13 days. Influenza vaccine (Fluvirin) had been given to 630 boys in October 1977—as had been the practice for some years. The incidence of influenza among the boys had been low except in those years in which a definite antigenic shift occurred. The fact that this is the first major outbreak of influenza at the school since the Asian flu suggests that influenza vaccination has a useful role in a boarding school. Had it been possible to include the H1N1 strain in the vaccine a major outbreak might well have been avoided.

PARLIAMENT

Abortion (Amendment) Bill

Sir Bernard Braine introduced a Bill on 21 February "to make further provision with respect to the protection of the life of a viable fetus; to amend section 4 of the Abortion Act 1967; to regulate the provision of payment for consultation and advice in relation to the termination of pregnancy; and to make provision with respect to bodies corporate." He emphasised that the Bill was limited solely to three important matters of principle and would not interfere "in any way with the criteria for lawful abortion laid down in the 1967 Act." The first change he wanted was to reduce the upper limit for an abortion from 28 to 20 weeks. The BMA, the Peel Advisory Group, Sir Stanley Clayton (when president of the RCOG), and a poll among gynaecologists had all favoured a 20-week limit or less.

The Bill's second purpose was to strengthen and clarify the provision in section 4 of the 1967 Act regarding conscientious objection to taking part in an abortion by giving statutory clarification of the grounds on which objection could be based. The third change would require all pregnancy advisory bureaux which charged fees to be licensed by the Secretary of State, as proposed by the Lane Committee.

A condition of licensing would be that the bureaux should have no financial connection with abortion clinics. Sir Bernard admitted that without the Government's help the Bill was unlikely to make progress.

Opposition to Bill

Sir George Sinclair opposed the Bill because, he said, "it would pave the way for a Bill to restrict the operation of the 1967 Act, and because it is in the teeth of the medical profession." It was only in the most exceptional cases that abortion after 20 weeks was sanctioned. Furthermore, "until, in certain areas, the restrictions under the NHS are removed, and with them the risk of delay, it would, in my view, be too soon to change the existing time limit." But, most importantly, to disrupt the services of the British Pregnancy Advisory Service and the Pregnancy Advisory Service in London, which the Bill sought to do, would "once again drive women . . . to back street abortions." Half of all abortions were still carried out in the private sector. The BMA, Sir George said, had voted against any amendment to the 1967 Act at its 1977 ARM. "I hope," he concluded, "that in view of the medical opinion and the need of women in distress, the motion will be given very little support."

The Bill was given a first reading by 181 votes to 175.

Medical Bill

The Medical Bill was considered by a second reading committee in the House of Commons on 22 February. The Minister of State, Mr Roland Moyle, explained the Bill clause by clause and told the committee of the amendments which had been made in the House of Lords (4 February, p 311). "The Bill," he said, "is no longer a short first-stage measure. It is considerably longer than it was on its original introduction. The reason is that a consensus on the additional provisions has developed more rapidly than at one time was thought possible, and we want to meet that consensus in full. I hope that, during its passage through the House, the Government and the committee will be able to make the Bill even more comprehensive." The only outstanding issue, which had been covered in the Merrison Report, was the question of specialist registration.

During the debate in the committee the size and cost of the new council were raised. Mr Moyle pointed out that the figure of 98 did not appear anywhere in the Bill, though he conceded that the council would be considerably enlarged. On the question of cost, he said "there has been no decision in principle about how the future costs of the new General Medical Council are to be met."

The committee recommended that the Bill should be read a second time and the House gave the Bill a second reading on 23 February.

MEDICAL NEWS

New proposals on surveillance of drugs

Only 1-10% of adverse reactions to drugs are estimated to be reported to the Committee on Safety of Medicines by doctors under the yellow card system; many reactions are not recognised as such. The committee has issued a formal consultation letter to the organisations most concerned, setting out proposals for improving data on adverse reactions. Under the proposed "recorded release" scheme patients treated with a given drug would be identified and their clinical progress followed closely for any unexpected events as well as obvious reactions. From analysis of the case histories the committee expects that many of the untoward events would be recognised as drug reactions because of their association with the drug.

Patients and prescribing doctors could be identified by the FP10 (EC10 in Scotland) prescription form in general practice and by a special form similar to FP10 in hospitals. The Prescription Pricing Authority would sort prescriptions and send photocopies of the relevant ones to a monitoring centre. This would send record forms to the prescribing doctors on which to report unexpected events, either for all those taking a particular drug or for a random sample. From 10 000 to 100 000 patients, according to the drug being studied, would be followed up, with three record forms per patient. The committee proposes a pilot study of a single drug on a national scale; under the full scheme about 20 drugs a year might be monitored. The yellow card system would continue.

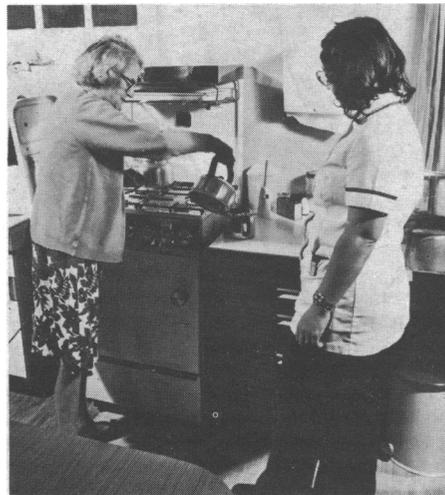
Should mild hypertension be treated?

What is claimed to be the largest drug trial ever carried out in Britain has finally been approved by the Health Departments. Over the next five years £1½m will be spent on a trial of treatment for mild hypertension in symptomless people, organised by the Medical Research Council (and partly financed by the Health Departments). Up to 36 000 people will be screened with the help of mobile screening vans. Bendrofluazide or propranolol will be used for treatment, with placebo tablets for the control group. A follow-up study will determine how many in the different groups have heart attacks, strokes, and other disorders. Psychological effects of participating in the trial will also be studied. The Government decision follows a three-year feasibility study by the Medical Research Council.

Employment and training for the disabled

A ten-year strategy to help more disabled people to find jobs has been launched by the Manpower Services Commission in its latest publication, *Developing Employment and Training Services for Disabled People*. A key is the building up of closer co-operation between the commission's disablement resettlement staff and employers to encourage them to provide better job opportunities and promotion prospects. Rehabilitation, assessment, and training schemes are to be extended, with more flexible arrangements to meet individual needs and more courses for young people at

employment rehabilitation centres. The commission plans to extend the training opportunities scheme, especially for the young and for the less able, and to survey the extent of unmet training needs. For severely handicapped people places in sheltered workshops are to be increased by up to 200 a year. The help offered by the commission includes the permanent loan of aids such as special typewriters and chairs. The full version of the report and a summary booklet may be obtained from the Employment Service Agency, 82 Charing Cross Road, London WC2H 0BT.



Occupational therapy kitchen area in the Central Middlesex Hospital's upgraded acute geriatric unit, an important feature of which is the rehabilitation room. Mr David Ennals unveiled a plaque commemorating the formal opening of the new unit on 24 February.

Age limit of mobility allowance raised

About 10 000 more disabled people will be eligible for the mobility allowance when the upper age limit is raised later this year. Those born after 13 January 1921 will be able to claim it from 7 June and those born after 20 December 1919 from 20 December 1978, with payment three months later in each case.

Bibliography for partially sighted

A bibliography of published material (including large-print documents) on the problems of the partially sighted has been produced by the Disabled Living Foundation. Designed to help both professional workers and visually handicapped people and their families, this bibliography covers matters such as education, employment, welfare, environment, and leisure, and includes medical and ophthalmological references. It may be obtained (price £2) from 346 Kensington High Street, London W14 8NS.

Buccheri La Ferla prizes

Three international medical biennial research awards have been established by the Italian Insurance Institute (INAIL). They will be made to research workers who have made an original contribution to social

(especially occupational) medicine, legal and insurance medicine, and traumatology. Proposals for the first awards should be made before 31 March. Details from INAIL, Via 4 Novembre, 001-87 Rome.

New medical research exchanges

The Wellcome Trust has announced two new research travel grant schemes to increase the exchange of medical research workers with Australia and New Zealand. The trustees have set aside £30 000 and £20 000 for the two schemes, matching sums being provided by the Clive and Vera Ramaciotti Foundations in Sydney and the Medical Research Council of New Zealand. The awards, which apply to Ireland as well as Great Britain, will be mainly for visits of up to three months. Besides being awarded to research workers whose applications indicate originality, they will be available to departments wishing to invite workers from the other country to take part in a research programme. Details may be obtained from the Wellcome Trust, 1 Park Square West, London NW1 4LJ (01-486 4902).

Clinical chemistry prizes

Two awards for essays on communication between the laboratory and the clinician are being awarded by Technicon Instruments Co Ltd. A £750 prize is for open competition and a £250 prize will be awarded to candidates under 35. The closing date is 30 September. Further details may be obtained from Technicon Instruments Co Ltd, Hamilton Close, Houndmills, Basingstoke, Hants.

Does psychiatry have a future?

Much mental illness should be treated not by psychiatrists but by psychologists, argued Professor H Eysenck at a recent forum on the future of psychiatry held by the Association of Psychiatrists in Training. Other speakers urged that the many psychosocial factors should be taken into account and that the "whole person" should be treated. The proceedings of the forum are to be published as a booklet and an edited videotape will be available. Details of these and of other activities by the association may be obtained from Dr F H Creed, the London Hospital, London E1.

Protection from non-ionising radiation

A new brochure outlines the technical services provided by the National Radiological Protection Board to protect workers from laser, microwave, ultraviolet, and radio-frequency radiations. The board has also published brochures on training courses. Copies may be obtained from the NRPB, Harwell, Didcot OX11 0RQ (023-583 600).

Radiation exposure

Television sets, dental prostheses, electron microscopes, airport luggage scanners, wrist watches, and combustible fuels are among the items covered in a new report by the US

National Council on Radiation Protection and Measurements. The report, *Radiation Exposure from Consumer Products and Miscellaneous Sources* (NCRP Report No 56, price \$4), estimates the number of people exposed to each source and the average annual population dose equivalent. Details of this and other reports on the council's assessments of exposure to ionising radiation may be obtained from NCRP Publications, PO Box 30175, Washington DC 20014.

MIND comments on "The Way Forward"

For all the Government's good will and sympathy for the plight of mentally ill and mentally handicapped people, claims MIND (the National Association for Mental Health), the DHSS has made virtually no impact on health and local authorities' priorities. In its report *A Small Step Forward* MIND calls on the DHSS to tackle more vigorously the issue of funding improved mental health services; exercise firmer control over the way money is divided up; tighten up the legal framework in which services are provided, to give mentally ill people more redress at law if their needs are not met; and provide standards of service that are sufficient in quality as well as quantity. Consumers and workers in the mental health services, says MIND, must apply pressure at local level on the authorities responsible for delivery of services. The report may be obtained from 22 Harley Street, London W1N 2ED (01-637 0741).

COMING EVENTS

Royal College of Surgeons of Edinburgh—Colloquium for consultants and registrars on "Burns," 14 March, Edinburgh. Details from the Clerk to the College, Nicolson Street, Edinburgh EH8 9DW.

Cardiff Medical and Dental Old Students' Association—Conversazione, 18 March, Cardiff. Details from the Registrar, Welsh National School of Medicine, Heath Park, Cardiff CF4 4XN. (Tel 0222 755944.)

"Cost/rent building"—Symposium for general practitioners, 18 March, Wakefield. Details from Mr Moran, Postgraduate Dean's Office, Leeds General Infirmary, Leeds LS1 3EX. (Tel 0532 32799.)

Biochemical Society—Details of the 574th meeting, 30-31 March, Bath, and the 575th meeting, 12-13 April, Glasgow, are now available from the Society, 7 Warwick Court, Holborn, London WC1R 5DP. (Tel 01-242 1076.)

MRC Psych (Final) and DPM (Pt C) Weekend Revision Course—5-8 May, Woking. For details see advertisement at p ix.

Marie Curie Memorial Foundation—Symposium "Cancer—solutions within our grasp," 16 May, London. Details from the Foundation, 134 Sloane Street, London SW1X 9BP. (Tel 01-730 9157.)

International Meeting on the Hepato-renal Syndrome—20-21 May, Sassari, Italy. Details from Dr Arras Sebastiana, Secretary of IMERS, Istituto di Patologia Medica, Viale San Pietro 12, 07100 Sassari, Italy.

King's Fund Centre—Conference on "Crisis intervention," 25 May, London. Details from the Centre, 126 Albert Street, London NW1 7NF. (Tel 01-267 6111.)

Institute of Society, Ethics and the Life Sciences—Workshops "Bioethics and public

policy," 25 June-2 July, New York; "Pediatrics, ethics, and the law," 25 June-1 July, California; and "Clinical medical ethics," 16-23 July, New Hampshire. Details from Patricia Pierce at the Institute, 360 Broadway, Hastings-on-Hudson, NY 10706, USA.

International Symposium on Peripheral Neuropathies—26-28 June, Milan. Details from the secretariat of the symposium, Ospedale S Raffaele, 20090 Segrate, Milan, Italy.

27th International Congress of the European Society of Cardiovascular Surgery—28 June-1 July, France. Details from Pr Jean Sautot, Promolyon, Palais des Congrès, Quai Achille Lignon, 69006 Lyon, France.

World Meeting of Clinical Toxicology and Poison Control Centers—29 June-1 July, France. Details from Professor L Roche, Congrès Mondial de Toxicologie, IARC/CIRC, 150 Cours Albert Thomas, 69372 Lyon Cédex 2, France.

National Association for Maternal and Child Welfare—65th annual conference, 29 June, Leeds. Details from the Association, 1 South Audley Street, London W1Y 6JS. (Tel 01-491 2772.)

Health Physics Summer School—3-14 July, London. Details from Dr H D Evans, Department of Chemical Engineering, Imperial College, London SW7 2AZ.

Association for the Psychiatric Study of Adolescents—Annual conference on "The adolescent in therapy—what alternatives?" 7-9 July 1978, Lancaster. Details from APSA Conference, Young People's Unit, Victoria Road, Macclesfield, Cheshire.

4th South African National and International Radiological Congress—Johannesburg, Carlton Hotel, 31 August-6 September 1978. Further details concerning registration, accommodation, and submission of papers from: Dr Paul Sneider, PO Box 6705, Johannesburg 2000, South Africa.

NATO Advanced Study Institute on Humoral Immunity in Neurological Diseases—10-22 September, Antwerp. Details from Dr A Lowenthal, NATO Advanced Study Institute on Humoral Immunity in Neurological Diseases, Universitaire Instelling Antwerpen, Universiteitsplein 1, 2610 Wilrijk (Antwerp), Belgium.

Institute of Physics and Electrical Research Association—International conference on "Science and security" (including records and computer systems), 12-14 September, Brighton. Details from the Institute of Physics, 47 Belgrave Square, London SW1X 8QX. (Tel 01-235 6111.)

Rehabilitation International Medical Commission—Conference, 13-15 September, Southampton. Details from Mr Christopher Blake, Wessex Rehabilitation Association, Rehabilitation Department, Southampton General Hospital, Tremona Road, Southampton SO9 4XY.

7th International Congress of Rural Medicine—17-21 September 1978, Salt Lake City. Details from Dr C K Elliott, International Association of Agricultural Medicine and Rural Health, West Walton, Wisbech, Cambridgeshire PE14 7EU. (Tel 0945 72 269.)

International Research Group for Carcino-embryonic Proteins—Meeting on "Carcino-embryonic proteins," 17-21 September 1978, West Germany. Details from Professor Dr F-G Lehmann, Department of Medicine, E Mannkopffstrasse 1, D-3550 Marburg/Lahn, West Germany.

"Pediatric Urology"—Symposium jointly sponsored by the University of California and Universidad Autonoma de Guadalajara, 18-20 September, Jalisco, Mexico. Details from Srita Cristina Robles, Coordinadora de Educacion Continuada, Area Biomedica, Apartado Postal 1440, Guadalajara, Jalisco, Mexico. (Tel 41-02-02.)

International Union Against Cancer—Fifth UICC training course in cancer research, 21 September-3 October, São Paulo, Brazil. Details from Professor Dr R R Brentani, Laboratório

de Oncologia Experimental, Faculdade de Medicina, Universidade de São Paulo, Av Dr Arnaldo 455, C P 8100, São Paulo, Brazil. Closing date for applications 1 May 1978.

13th Annual Conference of the Canadian Addictions Foundation—24-29 September, Calgary, Canada. Details from Mr Stuart Hutton, Alberta Alcoholism and Drug Abuse Commission, 812-16 Avenue, S W, Calgary, Alberta T2R OT2, Canada. (Tel (403) 261-3740.)

XIX International Congress on Occupational Health—25-30 September 1978, Dubrovnik. Details from Professor M Šarić, Institute for Medical Research and Occupational Health, 158 Moše Pijade, PO Box 291, YU-41001 Zagreb, Yugoslavia.

3rd European Congress on Ultrasonics in Medicine—1-5 October, 1978, Italy. Details from Centro Minerva Medica, Via L Spallanzani 9/11, 00161 Rome, Italy. (Tel 06 862.289-864.155.)

1st East Grinstead study course in plastic surgery—"Microsurgery" and "Ophthalmic plastic surgery," 1-7 October 1978, East Grinstead. Details from Mr J P Bennett, Queen Victoria Hospital, Holtye Road, East Grinstead, Sussex RH19 3DZ. (Tel East Grinstead 24111.)

Symposium on Exercise and Cardiovascular Function—11-13 October 1978, Bratislava. Details from Dr Miroslav Palát, Secretary General of the Symposium, Dept of Physical Medicine and Rehabilitation, Derer's Hospital, Limbova ul 17, 809 46 Bratislava, Kramare, Czechoslovakia.

XIVth International Congress of Internal Medicine—15-19 October 1978, Rome. Details from Professor Mario Sangiorgi, 1 Clinica Medica, Policlinico Umberto 1, 00161 Rome, Italy.

South Essex Postgraduate Medical Centre—Details and copies of the postgraduate programme for April to July 1978 are now available from the secretary of the Centre, Bessildon Hospital, Nether Mayne, Basildon, Essex SS16 5NL. (Tel 0268 3911 ext 3360.)

Royal Society of Health—Details of meetings in April in Bournemouth are now available from the Society, 13 Grosvenor Place, London SW1X 7EN. (Tel 01-235 9961.)

Society for the Social History of Medicine—Details and copies of the 1978 programme are available from Robin Price, 25 Princedale Road, London W11 4NW. (Day tel 01-387 477 ext 166.)

Manchester Medical Society—Details and copies of the March programme are now available from the Society, University of Manchester, Manchester M13 9PL. (Tel 061-273 6048.)

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Sunday, 5 March

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY—10.15 am, seminar for general practitioners, Mr O H Shaheen: Swellings of the salivary gland.

Monday, 6 March

INSTITUTE OF DERMATOLOGY—4.30 pm, Professor J S Calnan: Lymphoedema.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—4.30 pm, Erasmus Wilson demonstration by Dr W C Noble: Contribution of airborne skin to surgical wound infection.

Tuesday, 7 March

BIRMINGHAM MEDICAL INSTITUTE SECTION OF PSYCHIATRY—8 pm, Dr B Barraclough: The effectiveness of lay suicide prevention services. (Preceded by buffet supper 7 pm.)*

Wednesday, 8 March

INSTITUTE OF DERMATOLOGY—4.30 pm, Dr Y M Clayton: Candidiasis.

INSTITUTE OF PSYCHIATRY—5.30 pm, Professor Michael Gelder: Behaviour therapy as self-control.

UNIVERSITY OF CAMBRIDGE—At Physiological Laboratory, 5 pm, Dr S R Bloom: The new gut hormones and their relationship to the nervous system.

UNIVERSITY OF OXFORD—At Radcliffe Infirmary, 5 pm, Professor P Alexander: Innate resistance to cancer.

Thursday, 9 March

INGREBOURNE CENTRE, OLDCHURCH HOSPITAL—8 for 8.15 pm, Mr Francis Huxley: The Couvade and similar ritualised modes of dealing with psychological infection.

MEDICOLEGAL SOCIETY—At Royal Society of Medicine, 8.15 pm, the Rt Hon Sir A Melford S Stevenson: The privilege of silence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—5 pm, Arris and Gale lecture by Mr G Brocklehurst: The significance of the evolution of the cerebrospinal fluid system.

UNIVERSITY OF CAMBRIDGE—At Department of Genetics, 4.30 pm, Dr E Thompson: Probabilities on pedigrees and genotypes of ancestors.

Friday, 10 March

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY—5.30 pm, Mr P McKelvie: Hypophysectomy.

Saturday, 11 March

BIRMINGHAM MEDICAL INSTITUTE MIDLAND THORACIC SOCIETY—12.30 for 1 pm, lunch, * 2 pm, agm, 2.15 pm, presidential address by Mr S F Stephenson. (Guests are invited.)

BMA NOTICES**Conference of Medical Academic Representatives 1978**

Nominations are invited for election to fill the following vacancies at the Conference of Medical Academic Representatives on Monday, 26 June 1978:

Constituency	Clinical (Vacancies)	Preclinical (Vacancies)
Hospital medical schools:		
London		
Charing Cross Hospital ..	1	—
Guy's Hospital ..	1	—
London Hospital ..	1	1
Royal Free Hospital ..	1	1
St Bartholomew's Hospital ..	1	—
St George's Hospital ..	1	1
St Mary's Hospital ..	1	1
St Thomas's Hospital ..	—	1
University College Hospital ..	1	—
Universities with medical schools:		
England		
Birmingham ..	1	—
Bristol ..	1	—
Cambridge ..	1	—
Leeds ..	—	1
Leicester ..	1	1
Liverpool ..	1	—
Newcastle upon Tyne ..	1	1
Nottingham ..	1	—
Oxford ..	—	1
Sheffield ..	—	1
Southampton ..	1	1
Northern Ireland		
Queen's University, Belfast ..	1	—
Scotland		
Aberdeen ..	1	1
Dundee ..	1	—
Edinburgh ..	1	1
St Andrews ..	—	1
Wales		
Welsh National School of Medicine ..	1	—
Research establishments		
MRC Clinical Research Centre, Northwich Park ..	1	—
MRC National Institute for Medical Research ..	—	1
Postgraduate institutes		
British Postgraduate Medical Federation institutes (excluding the clinical institutes at Hammersmith) ..	2	1

The above list does not include those constituencies where nominations have been received following the notice in the medical academic staff handbill of December 1977 which was issued to the current MASC representative.

Nominees, and their proposers, must be medically qualified and hold a full-time contract of employment with one or more of the following: a university, the Medical Research Council, or an institution engaged in medical research. The electorate will consist of those academic staff in the above category in the appropriate constituency.

The conference will elect eight clinical and eight preclinical representatives to the Medical Academic Staff Committee for the 1978-9 session.

Nomination forms may be obtained from the

Secretary, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP, and should be returned *not later than Tuesday, 28 March 1978.*

E GREY-TURNER
Secretary

Central Meetings

	MARCH
8 Wed	BMA Council Executive, 10 am.
9 Thurs	Organisation Committee, 10 am.
10 Fri	Diseases of the Chest Group Committee, 2 pm.
15 Wed	General Purposes Subcommittee (CCHMS), 2 pm.
16 Thurs	General Medical Services Committee, 10 am.
16 Thurs	Journal Committee, 2.15 p.m.
17 Fri	Executive Subcommittee (CCCM), 10.30 am.
17 Fri	Board of Science and Education, 10.30 am.
17 Fri	Rheumatology and Rehabilitation Group Committee, 3 pm.
22 Wed	Consulting Pathologists Group Committee, 10 am.
22 Wed	Consulting Pathologists Group, 2 pm.
23 Thurs	Negotiating Subcommittee (CCHMS), 10 am.
28 Tues	Manpower Subcommittee (CCHMS), 2 pm.
29 Wed	Council, 10 am.

Division Meetings

Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.

Blackburn—At Blackburn Royal Infirmary, Tuesday, 7 March, 8 pm, Dr Francis Pigott: "The white coat worker—professionalism and trades unionism."

Brighton and Cuckfield—At Hove Town Hall, Saturday, 11 March, 7.15 for 8 pm, BMA ball. * (Guests are invited.)

Eastbourne—At Lamb Inn, Tuesday, 7 March, 7.30 for 8 pm, joint meeting with Pharmaceutical Society. *

East Yorkshire—At Hull Royal Infirmary, Friday, 10 March, 7.30 pm, open meeting, speaker Professor P H A Sneath: "Life on another planet," followed by buffet supper. *

Gloucestershire—At Parliament Room, College Green, Thursday, 9 March, 7.15 pm, Mr Denis Fredjohn: "Five years to span ten centuries." * (Followed by supper, guests are invited.)

Halifax—At Marnaville Country Club, Mirfield, Friday, 10 March, 7.30 for 8 pm, annual dinner dance. *

Liverpool—At Liverpool Medical Institution, Wednesday, 8 March, 6.30 pm, buffet, 8 pm, Dr Francis Pigott: "The current medicopolitical situation—a personal view." *

Manchester—At Boyd House, Tuesday, 7 March, 8 for 8.30 pm, scientific meeting, speaker Dr I W Dymock: "Peptic ulcer disease and treatment." * (Cold platter supper provided.)

Mersey Regional Committee for Hospital Services—At Liverpool Medical Institution, Wednesday, 8 March, 5 pm.

Northallerton—At Friarage Hospital, Monday, 6 March, 9 pm, agm.

North Tyneside—At Preston Hospital, North Shields, Monday, 6 March, 8 pm, agm. At Europa Lodge Hotel, Wallsend, Saturday, 11 March, 7.30 for 8 pm, dinner dance. *

North-west Essex—At Princess Alexandra Hospital, Harlow, Tuesday, 7 March, 7.30 pm, evening of orthopaedic films.

Rotherham—At Brecon Hotel, Monday, 6 March, 7.30 for 8 pm, dinner, 9.15 pm, Dr Alan Usher: "Quick cases and odd ends." *

Wakefield—At Saville Colliery, Saturday, 11 March, 8.30 am, trip down mine. *

Waltham Forest—At Chasneys, Thursday, 9 March, 7.30 for 8 pm, annual BMA dinner. *

West Berkshire—At Royal Berkshire Hospital, Wednesday, 8 March, 8.30 pm, annual BMA lecture by Wing Commander Tony Nicholson: "A funny thing called sleep." (Preceded by supper, 7.30 pm. Members wives welcome.)

UNIVERSITIES AND COLLEGES**LONDON**

MD—F Afshar, P D Fairclough, S Franks, I F Moseley, G M Roberts, R B Stern.

ABERDEEN

Appointment—Dr J G Simpson (senior lecturer in pathology). MS—D T Caridis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Executive Committee of the College held on 9 February, with the sanction of the Council, a Diploma of Fellowship was granted to P J Gore.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College on Thursday, 2 February, with the president, Dr R F Robertson, in the chair, Dr A J S Gardiner was elected Member of the College.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At meetings of the Council of the College held on 3 and 4 February with the president, Sir John Dewhurst, in the chair, the following were admitted to Membership of the College: H A Alchalabi, R N Al-Dahwi, I Alexander, G S Anthony, D Y Araf, P Arora, W G Atchison, A N Azan, H S Al Azzawi, A K Basu, Susan G Bateman, J L Beynon, A D Bhadri, R K Bhuyan, R Bickerstaffe, A H W Boyle, D R Bromham, A S Burney, A C Burton, J P Calvert, Indira Chandran, Rosemary K-K Cheung, K Cietak, L N Das, A T Dempsey, J J L De Souza, O Djahanbakhsh, P W Docherty, J W Dowdell, R R Draper, D K Edmonds, R McA Ellice, A M El-Shafei, M M El-Sheikh, A D Falconer, Nancy L-L Fok, M K Foo, M Fourcares, Janette G Ghattas, B P Giorgio, H Goonetilleke, J V P Ralalala, S W Hammersley, M N Haque, Margaret A Harper, J N Harrild, N A Harrison, M Z J Hashash, M G Hoffman, Valerie D Hood, B A Idris, T C McN Inglis, Makram F Ishaq, A A S Ismail, Grace Jacob, N G Jaffar, A L M Jameel, N S Jayawickrama, D B Johnson, J M E Jones, M J Joseph, K Kamala, S R Kambaran, R Kanapathippillai, S Kar, J H Kennedy, J A Khouri, Saraiya S Khwaja, P C L Knight, K T Koh, S Kolbandari, S A Kulkarni, C E Kymisis, S I Laguda, I R Lange, A A S Latib, T A Lavin, Sheila R Lawson, Y C Low (alias Loo), T K R Luk, Ellen M (Elaine) Lynch, J M McDonnell, P F McMullan, A B Maclean, W P Mason, K B L Mendis, Angela M Mills, F D Mistry, S P Mitra, S A S Moghraby, J M Morsman, A Mowla, A K Mukerjee (Mukopadhyay), R D Murphy, S R Nag-Chaudhury, N I Nushaiwat, C O'Herlihy, J A P Pal, S K Pal, S S Parhar, I S R Parson, A D Parsons, Elizabeth H E Pease, C K W Pugh, D A E Redford, I R Roberts, D N Roychoudhuri, M A E H M Sabry, A K S K I Saleh, S Saminathan, J W Scott, M G Sedgley, G L Sellars, S S J Sharma, * J H Shepherd, T K Shetty, N Shroff, L J P Silva, J Singh, K Siripurapu, G Sittampalam, K K Siu, S K Sreevalsan, K Sultana, *R S Sungkur, P D Sutherland, T H Tai, H Y Tan, K J Tan, K K Tan, T-K Tan, K-L Tay, Margaret H Thom, I A L Treharne, M M A Van de Klee, Valli S Vinayakom, J Webster, R M Williams, Y K Wong, J Woolfson.

*Awarded Regional Councils' Gold Medal.

APPOINTMENTS

BIRMINGHAM AREA HEALTH AUTHORITY (TEACHING)—The following consultants have been appointed—Dr M H Arif, Dr J Hurdley (anaesthetists); Dr A J L Cole (radiologist).

GREATER GLASGOW HEALTH BOARD—The following consultants have been appointed—Dr J McGavigan (bacteriologist); Mr E G Anderson (orthopaedic surgeon).

HAMPSHIRE AREA HEALTH AUTHORITY (TEACHING)—Mr A P Camilleri (consultant obstetrician and gynaecologist); Dr E E Gulland (consultant psychiatrist).

NORTH-EAST THAMES RHA—Mr B C Sommerlad (consultant in plastic surgery).

NORTHERN RHA—The following consultants have been appointed—Dr P J B Tilley (neurology); Dr Marjory Lothian, Dr Joan M Waterfall (anaesthetics); Dr V M Joglekar (geriatric and general medicine); Mr J M Lennox (general surgery); Dr P I Silverstone (obstetrics and gynaecology); Dr T L Pilkington (mental handicap); Dr F S Pagan (medical microbiology); Dr A Prabhakar (mental illness).

SOUTH GLAMORGAN HEALTH AUTHORITY—The following consultants have been appointed—Dr J Sibert (paediatrician); Dr D Krishnamurti (psychiatrist in mental handicap); Dr P Smith (physician).

Notice to authors

When original articles and letters for publication are not submitted exclusively to the *British Medical Journal* this must be stated. For detailed instructions to authors see page 6 of the issue dated 7 January 1978.

Correspondence on editorial business should be addressed to the Editor, *British Medical Journal*, BMA House, Tavistock Square, London WC1H 9JR. Telephone: 01-387 4499. Telegrams: *Aitiology, London WC1*. Communications will not be acknowledged unless a stamped addressed postcard or an international reply coupon is enclosed.

Authors wanting reprints of their articles should notify the Publishing Manager, BMA House, Tavistock Square, WC1H 9JR, on receipt of proofs.

© British Medical Journal 1978

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the *British Medical Journal*.